

**NOTICE OF CONTRACTING OPPORTUNITY AND
APPLICATION FOR NAVY CONTRACT POSITION
INTERNAL MEDICINE PHYSICIAN
THIS IS NOT A CIVIL SERVICE POSITION
FH-04-04 23 NOV 2003**

1. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATION IS 3:00 PM EST ON OR BEFORE 15 DEC 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

Naval Medical Logistics Command
Acquisition Management Directorate
Attn: Code 02-22F
Fort Detrick, Frederick, Md 21702-5015

E-mail: acquisitions@nmlc.med.navy.mil
In subject line reference: Code-02-22F
Telephone: 301-619-2138

A. NOTICE: This position is set-aside for an individual Internal Medicine Physician only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: The Government is seeking to place under contract an individual who (a) possesses a Doctorate Degree in Medicine, (b) possesses a Board Certification in Internal Medicine as determined by the American Board of Internal Medicine, and (c) possesses a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (Sections D. and E.).

Services shall be provided at the Naval Medical Center (NMC), Portsmouth VA. You may be required to temporarily rotate among Military Treatment Facilities (MTFs) as deemed necessary by the Commander.

You shall be on duty in the assigned clinical areas located at Naval Medical Center, Portsmouth and Branch Medical Clinics, for 20 hours each week. The health care worker shall normally provide 4 hours of service between the hours of 0700 and 1630 (may include an uncompensated 0.5 hour meal break) Monday through Friday throughout the term of the contract. Specific hours will be scheduled by the Commander. The health care worker shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties, except shifts subsequent to the watch standing requirement, specified in the paragraph below.

You shall accrue four hours of leave at the end of every 2 week period worked. Unless assigned watch standing duties as described above, services of the physician shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The health care worker will be compensated by the Government for these periods of planned absences.

This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commander" means: Commander, Naval Medical Center, Portsmouth, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Internal Medicine Physician services, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the hospital.

STANDARD DUTIES. Routine workload is scheduled by the medical treatment facility (MTF). Primary workload is a result of appointments scheduled through the MTF's central appointment system. Secondary workload is a result of consultation requests submitted to the facility by other staff health care providers. Actual physician clinical activity will be a function of the Commander Naval Medical Center's credentialing process and the overall demand for Internal Medicine Physician services. Physician productivity is expected to be comparable to that of other Internal Medicine Physicians assigned to the same facility and authorized the same scope of practice. The health care worker shall:

Provide a full range of Internal Medicine services (e.g., supervise and provide general screening and medical care and examinations of patients for routine, acute and chronic conditions

involving any and all organ systems; provide immunizations; diagnose, treat and counsel patients as indicated.

Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.

Instruct/mentor medical students, interns and residents in medical education.

Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

Participate in peer review and performance improvement activities.

Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

Provide training and/or direction as applicable to supporting employees (e.g. NPs, medical assistants, RNs, LVNs, etc.) assigned to you during the performance of duties. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.

Complete continuing education to meet own professional growth and specialty standards

Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and other courses as directed.

Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. These meetings will occur at your normal work site or in other Government medical facilities in the Tidewater area.

Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.

Perform necessary administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS).

Participate in clinical staff quality assurance functions and clinic Performance Improvement/Risk Management programs as prescribed by the Commander.

Read, write, speak and understand the English language fluently.

Credentialing and Privileging Requirements.

Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services.

BUMED Instruction 6320.66D, Section 4 and Appendices B and R detail the ICF requirements.

A copy of this instruction may be obtained from the World Wide Web at:

<http://www.nmlc.med.navy.mil/Code02/contractorinfo.htm>.

If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Possess board certification in Internal Medicine Physician as determined by the American Board of Internal Medicine.
3. Experience as an Internal Medicine physician of at least 12 consecutive months immediately preceding contract start.
4. Have a minimum of 2 years of significant experience teaching and mentoring medical students.

5. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. Physicians, not currently in possession of a medical license from the Commonwealth of Virginia, must acquire and maintain a valid license, at no cost to the Government, from the Commonwealth within 120 days after contract award.
6. Have documentation of current Drug Enforcement Agency number. Physicians, not currently in possession of a narcotics license from the Commonwealth of Virginia, must acquire and maintain a valid license, at no cost to the Government, from the Commonwealth within 120 days after contract award.
7. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.
8. Provide two letters of recommendation from practicing internists attesting to your clinical skills. Reference letters must have been written within the preceding 5 years and include name, title, phone number, date of reference, address and signature of the individual providing reference.
9. Possess U.S. employment eligibility. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.
10. Represent an acceptable malpractice risk to the Navy.
11. Submit a fair and reasonable price, which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualifications Sheet", Letters of Recommendation, and, if you have prior military services, the DD Form 214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.8. above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Prior medical experience in a DoD facility, then,
4. Additional medical certifications or licensure, then,
5. Total Continuing Education hours obtained within the preceding 5 years.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION: The following must be submitted:

1. _____ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
2. _____ A completed Pricing Sheet (Attachment 2)
3. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
4. _____ A completed Small Business Program Representations Form (Attachment 5)
5. _____ Two copies of employment eligibility documentation per Attachment 3.
6. _____ Two letters of recommendations per paragraph D (8) above.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov/>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Acquisitions@nmlc.med.navy.mil , Subject Line: CODE 02 (XXX) by fax at (301) 619-6793 or by telephone at (301) 619-2059.

We look forward to receiving your application.

ATTACHMENT 001

PERSONAL QUALIFICATIONS SHEET – INTERNAL MEDICINE PHYSICIAN

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item X of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held with the preceding 10 years, copy of BLS, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of

the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)

Personal Qualifications Sheet – Internal Medicine PhysicianI. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education: Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG). (Section D, Item 1)

Degree from: _____
(Name and location of the school)

Date of Degree: _____(mm/dd/yy)

III. Board Certification: Possess board certification in Internal Medicine Physician as determined by the American Board of Internal Medicine. (Section D, Item 2)

IV. Professional Licensure (Medical License must be current and valid) (Section D, Item 5)

State Date of Expiration

V. Drug Enforcement Agency Number (Section D, Item 6)

State Date of Expiration

VI. Basic Life Support Level C: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. (Section D, Item 7)

Training Type listed on Card: _____
Expiration Date: _____(mm/dd/yy)VII. Approved Continuing Education:

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
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_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. Professional Employment: List your current and preceding employers. Provide dates as month/year.

(Section D, Items 3 & 4)

Name and Address of Present Employer

From

To

(1) _____

Work

Performed: _____

Names and Addresses of Preceding Employers

From

To

(2) _____

Work

Performed: _____

From

To

(3) _____

Work

Performed: _____

Are you currently employed on a Navy contract? If so, where is your current contract and what is the position?

IX. Employment Eligibility: (Section D, Item 9)

Do you meet the requirements for U.S. Employment Eligibility contained in Section V?

Yes No

X. Professional References: Provide two letters of recommendation from practicing internists attesting to your clinical skills. Reference letters must have been written within the preceding 5 years and include name, title, phone number, date of reference, address and signature of the individual providing reference. (Section D, Item 8)

XI. Additional Medical Certification, Degrees or Licensure:

Type of Certification, Degree or License and Date of Certification or Expiration

XII. I hereby certify the above information to be true and accurate:

(Signature)

(Date)

(mm/dd/yy)

ATTACHMENT 002

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 January 2004 through 30 September 2004. Five option periods will be included which will extend services through 31 December 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION:

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Certified Nurse Midwives in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Vascular Technologist at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 1 Jan 04 thru 30 Sep 04	780	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	1044	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	1044	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	1040	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	1048	Hour	_____	_____
0001AE	Option Period V; 1 Oct 08 thru 31 Dec 08	264	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C:

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of

provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address

State (Form FS-545 or Form DS 1350)

3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)

For persons under age 18 who are unable to present a document listed above;

7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

ATTACHMENT 004**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22F
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).